

REFERRAL TO LOCAL CHILD SUPPORT AGENCY (LCSA)*(Complete one form for each Noncustodial Parent or Alleged Father)*

<input type="checkbox"/> TO LCSA REPRESENTATIVE		DATE OF REFERRAL
<input type="checkbox"/> FROM CWD REPRESENTATIVE CW # PHONE		CASE NAME
APPLICANT/RECIPIENT NAME (LAST, FIRST, MIDDLE)		AID TYPE/CASE NUMBER
MINOR PARENT'S NAME (IF DIFFERENT FROM APPLICANT/RECIPIENT)		RELATIONSHIP TO CHILD(REN)

A. This case is referred to you because: <input type="checkbox"/> Action is necessary to obtain: <input type="checkbox"/> financial support <input type="checkbox"/> medical support <input type="checkbox"/> paternity <input type="checkbox"/> Recipient is receiving direct support payments. Action needed to transfer payments to county. <input type="checkbox"/> Good Cause has been (see CW 51 attached): <input type="checkbox"/> claimed <input type="checkbox"/> granted <input type="checkbox"/> denied <input type="checkbox"/> Other (see comments)	E. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> REAPPLICATION <input type="checkbox"/> ADD A CHILD <input type="checkbox"/> ICT <input type="checkbox"/> RENEWAL																		
B. The following information applies to this case: <input type="checkbox"/> CA 2.1(Q) Questionnaire is attached. <input type="checkbox"/> Noncustodial parent has health insurance coverage. A copy of the DHS 6155 is attached. <input type="checkbox"/> Medi-Cal eligibility has not been determined. <input type="checkbox"/> Previously sanctioned/penalized; now agrees to cooperate/assign support rights. <input type="checkbox"/> Child no longer resides with recipient. <input type="checkbox"/> Medi-Cal Only <input type="checkbox"/> CS 909, Declaration of Paternity, is attached. <input type="checkbox"/> Other (see comments) <input type="checkbox"/> Lamb Case (minor parent not eligible as a dependent child: Family Code 4000)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NONCUSTODIAL PARENT'S OR ALLEGED FATHER'S NAME</td> <td style="width: 50%;">CHILD SUPPORT FILE NUMBER</td> </tr> <tr> <td>CHILD'S NAME</td> <td>DATE OF BIRTH</td> </tr> <tr> <td></td> <td><input type="checkbox"/> MFG RULE APPLIES</td> </tr> <tr> <td>CHILD'S NAME</td> <td>DATE OF BIRTH</td> </tr> <tr> <td></td> <td><input type="checkbox"/> MFG RULE APPLIES</td> </tr> <tr> <td>CHILD'S NAME</td> <td>DATE OF BIRTH</td> </tr> <tr> <td></td> <td><input type="checkbox"/> MFG RULE APPLIES</td> </tr> <tr> <td>CHILD'S NAME</td> <td>DATE OF BIRTH</td> </tr> <tr> <td></td> <td><input type="checkbox"/> MFG RULE APPLIES</td> </tr> </table>	NONCUSTODIAL PARENT'S OR ALLEGED FATHER'S NAME	CHILD SUPPORT FILE NUMBER	CHILD'S NAME	DATE OF BIRTH		<input type="checkbox"/> MFG RULE APPLIES	CHILD'S NAME	DATE OF BIRTH		<input type="checkbox"/> MFG RULE APPLIES	CHILD'S NAME	DATE OF BIRTH		<input type="checkbox"/> MFG RULE APPLIES	CHILD'S NAME	DATE OF BIRTH		<input type="checkbox"/> MFG RULE APPLIES
NONCUSTODIAL PARENT'S OR ALLEGED FATHER'S NAME	CHILD SUPPORT FILE NUMBER																		
CHILD'S NAME	DATE OF BIRTH																		
	<input type="checkbox"/> MFG RULE APPLIES																		
CHILD'S NAME	DATE OF BIRTH																		
	<input type="checkbox"/> MFG RULE APPLIES																		
CHILD'S NAME	DATE OF BIRTH																		
	<input type="checkbox"/> MFG RULE APPLIES																		
CHILD'S NAME	DATE OF BIRTH																		
	<input type="checkbox"/> MFG RULE APPLIES																		
C. Applicant/recipient has not agreed to: <input type="checkbox"/> Assign: <input type="checkbox"/> financial support rights <input type="checkbox"/> medical support rights <input type="checkbox"/> Cooperate in: <input type="checkbox"/> obtaining financial support <input type="checkbox"/> obtaining medical support and/or <input type="checkbox"/> establishing paternity <input type="checkbox"/> Forward support payments.	F. <input type="checkbox"/> APPLICANT PREVIOUSLY RECEIVED AID SPECIFY TYPE: <input type="checkbox"/> CASH AID <input type="checkbox"/> MEDI-CAL ONLY <input type="checkbox"/> TMC																		
D. Penalty/Sanction <input type="checkbox"/> Penalty has been applied due to non-cooperation. <input type="checkbox"/> Sanction has been applied for refusal to assign rights.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PLACE (CITY, COUNTY, STATE)</td> <td style="width: 50%;">DATE LAST RECEIVED</td> </tr> </table>	PLACE (CITY, COUNTY, STATE)	DATE LAST RECEIVED																
PLACE (CITY, COUNTY, STATE)	DATE LAST RECEIVED																		
<input type="checkbox"/> TO CWD REPRESENTATIVE CW #	G. <input type="checkbox"/> INTER-COUNTY TRANSFER/INTERSTATE TRANSFER FROM (COUNTY/STATE)																		
<input type="checkbox"/> FROM LCSA REPRESENTATIVE PHONE	PRIOR COUNTY'S CHILD SUPPORT FILE NUMBER (IF KNOWN)																		
<input type="checkbox"/> Applicant/recipient <u>has</u> cooperated with the law. <input type="checkbox"/> Applicant/recipient <u>has not</u> cooperated with the law: <input type="checkbox"/> Did not appear and/or provide verbal, written or documentary information <input type="checkbox"/> Rescheduled appointment on _____ <input type="checkbox"/> kept <input type="checkbox"/> failed <input type="checkbox"/> Refuses to appear as a witness at court or other hearing <input type="checkbox"/> Refuses to transmit child support payment(s) received directly from the noncustodial parent <input type="checkbox"/> Other (see comments) <input type="checkbox"/> This is a notice of renewed cooperation. <input type="checkbox"/> Paternity <input type="checkbox"/> has <input type="checkbox"/> has not been established. <input type="checkbox"/> Support order established. <input type="checkbox"/> CS 909, Declaration of Paternity, is attached. <input type="checkbox"/> Other (see comments)	H. <input type="checkbox"/> CASH AID APPROVAL DATE																		
	ONGOING CASH AID AMOUNT \$																		
	DISCONTINUANCE DATE																		
	REASON/CODE FOR DISCONTINUANCE																		
	I. <input type="checkbox"/> MEDI-CAL ONLY DATE MEDI-CAL BEGINS/CONTINUES																		
	DATE DISCONTINUED																		
	REASON FOR DISCONTINUANCE																		

Comments: